

**PHOTO**

please affix 2 passport size photos here

**UNIQUE QUALITY CARE  
NURSE  
APPLICATION FORM**



**Personal Details**

**Position Applied For:**

Title & Surname: \_\_\_\_\_ Fore name(s): \_\_\_\_\_

Previous Surname if any: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Are you eligible to work in the UK? \_\_\_\_\_

NI Number: \_\_\_\_\_ Type of passport held: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel no (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ Other contact no: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Do you hold a valid British Driver's Licence? Yes/No \_\_\_\_\_ If yes what type? \_\_\_\_\_

Do you have any endorsements? Yes/No \_\_\_\_\_ If yes give details: \_\_\_\_\_

**Emergency Contact Details**

Title & Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel no (home): \_\_\_\_\_

Mobile: \_\_\_\_\_ Other contact no: \_\_\_\_\_

**Qualifications**

Parts of the NMC register: \_\_\_\_\_ NMC pin no: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Extended Roles/Additional training: \_\_\_\_\_

Any other qualification(s): \_\_\_\_\_

You will be required to complete a separate OCCUPATIONAL HEALTH form.

## Education & Training

Please include any training received that involved college attendance stating Month & Year (MMYYYY).

Name of College, School or University and Location	Course	Date From – To (MMYYYY)	Grade

## Present/Last Employment

Position held:	
Name of employer:	
Address:	Salary:
	Nature of business:
	Dates (from – to):
	Reason for leaving/wishing to leave:
Postcode:	
Do you have to give notice to present employer? _____ If yes how many days notice? _____	
Brief description of duties and responsibilities:	

## Previous Employment

Date from – to(MMY)	Name & location of Employer	Position held & responsibilities	Reason for Leaving

## Additional Information

Please give any additional information to support your application, in accordance with the requirements of the post as detailed in the person specification (ensuring your name is on every additional sheet).

## References

References are normally taken up for candidates selected for interview. Give details of the names and addresses of two work-related referees. One of the referees should be your current employer, or if presently unemployed or self-employed then your last employer.

Name(1):	Name(2):
Address:	Address:
Postcode:	Postcode:
Occupation:	Occupation:
Tel no:	Tel no:
Email address:	Email address:

## Disclosure Information

***Declaration and/or knowledge of a Criminal Conviction will not necessarily preclude you from any engagement by Unique Quality CareLtd as we consider all applicants for employment on their merits.***

Because of the sensitive nature of the duties you will be expected to undertake, you are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position. The post you have applied for is exempted from the Rehabilitation of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need not be disclosed.

Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning? **Yes / No**

If yes, please give details of offences, penalties and dates \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any enquiries or investigations undertaken following allegations made against you, which may have a bearing on your suitability for this post? **Yes / No** If yes, please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE YOU WILL ALSO BE REQUIRED TO COMPLETE A DISCLOSUR AND BARRING SERVICE (DBS) DISCLOSURE FORM AND A SEPARATE PROTECTION OF CHILDREN AND VULNERABLE ADULTS FORM**

Are you unable to work for any Nursing Agency, Hospital Trust or Ward? Or do you currently have any complaints that are under investigation from the NMC or any Nursing Agency, Hospital Trust or Ward? **Yes / No** If yes give details

\_\_\_\_\_

## Disclosure and Barring Service (DBS) REQUIREMENTS

Please note that you have to provide original documents listed in group 1 and 2 below, where our staff will take copies and give the original back to you.

If you provide one document from group 1 list, then you need to provide two more from group 2 list. If you provide two from group 1 list, you need to provide one more from group 2 lists. For those who do not have any from group 1 list, they need to provide any 5 documents from group 2 list. Utility Bills will require not being more than 3 months old.

### GROUP 1

- A Passport
- UK Driving Licence
- Original UK Birth Certificate
- Valid Photo Identity Card (EU Countries)

### GROUP 2

- Marriage Certificate
- Non UK Birth Certificate
- P45/P60
- Bank Statement
- Any Utility Bill
- Valid TV Licence
- Credit Statement
- Store Card Statement
- Mortgage Statement
- Valid Insurance Certificate
- Correspondence/document From Benefit Agency, Local Authority, Inland Revenue
- Financial Statement (e.g. Pension. Endowment)
- Valid Vehicle Registration Document
- Mail Order Catalogue Statement
- Court Summons
- Valid NHS Card
- Addressed Payslip
- National Insurance
- Exam Certificate
- Child Benefit Book
- Connexions Card
- Certificate of British Nationality
- Work Permit

You will also have to pay a fee of £54.00 for DBS. Once the application form is sent to the DBS department, it normally takes between 4-6 weeks to process and the certificate will be sent directly to you.

### Personal Declaration

The working time regulations act 1998 ("the regulations") requires Unique Quality Care Ltd to limit your average weekly working time to 48 hours unless you agree with the Agency that the limit shall not apply to you.

Unique Quality Care Ltd wishes to have an agreement with you (which shall apply until terminated by notice) on the basis that:

- The 48 hour limit on average weekly working time will not apply to you.
- You may terminate the agreement (so that it would apply to you) by giving the person at the company to whom you usually report 3 months written notice.

Under the regulations, Unique Quality Care Ltd must keep records relating to your working time. This is the case whether or not you reach an agreement with the Agency about waiving working time limits. If you accept the company's proposal, please sign below. This document will then serve as a record of agreement between you and Unique Quality Care Ltd.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***To be signed at the office***

I have read and understood the professional code of conduct and I agree that, during the time I am engaged by Unique Quality Care Ltd Agency when working in any capacity of care or social work, I will

1. Not disclose to any person, any information obtained whilst attending an assignment, which is confidential.
2. Hold in trust and confidence for Rapid Improvement Care Agency all such information and never use it other than for the benefit of Unique Quality Care Ltd.
3. Adhere to the code of conduct contained in the staff Handbook at all times.

The information given in this application form is correct to the best of my knowledge. I understand that any false statement or omission will automatically invalidate any contract issued to me and may result in legal action being taken against me. I understand it is a criminal offence to give false information in order to gain employment. I hereby authorize Rapid Improvement Care Agency to:

- i. Approach Government Agencies, former employers and referees I have provided for the purpose of verifying the information given.
- ii. Divulge to a prospective employer any information provided by me or on my behalf for the purpose of employment.
- iii. Provide a reference on request as to my work history and ability on assignments.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_